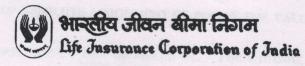
Natraj Pr. - 240 P × 50 - 12/03

Form No. 3855



	Place
The Sr. Branch Manager,	
Life Insurance Corporation of India,	Date
<i>*</i>	
Policy No.	Life Assured
I hereby give you notice*that I have	assigned/seessimed the interest
policy to the Assured.	assigned/reassigned the above
Mr	
Name and address of the	
On	
Please acknowledge receipt of this no	otice and forward the enclosed Policy/
Deed of assignment/reassignment to Sh./Smt	
** Certified that the thumb impression herein is	that of Sh. /Smt
To all a distribution impression herein is	
Who admits having affixed the same after und	derstanding
the contents thereof	Yours faithfully,
	Partition also also
**(Signature of Witness)	0
(orginature or writiess)	Signature/**thumb impression
Address	Cof assignor i.e. the Proposer-
	THE REASSIGNMENT -
	SIGN & STAMP OF ASSIGNEE
* Notice should be given by the as	Signor or his her duly authorised
Agent.	
** The Assignor's thumb impression	on to the form should be attested
by a Magistrate, a Justice of the Peace, a Ga	on to the form should be attested azetted Officer, a Class I officer of
by a Magistrate, a Justice of the Peace, a Gathe Corporation, a Development Officer of C	azetted Officer, a Class I officer of Corporation with at least five years
by a Magistrate, a Justice of the Peace, a Ga	azetted Officer, a Class I officer of Corporation with at least five years

LIFE INSURANCE CORPORATION OF INDIA

FORM OF ABSOLUTE ASSIGNMENT OF POLICY FOR VALUABLE CONSIDERATION

Note:—This form should <u>Not</u> be filled in. The wording of the form, if found suitable should be copied out either on the back of the policy itself or, in the alternative, on a proper stamp paper of the requisite value.

(FOR INSTRUCTIONS RE: EXECUTION OF AN ASSIGNMENT SEE REVERSE)

	Chief Monte
I,	
in consideration of the sum of Rupees	• • • • • • • • • • • • • • • • • • • •
paid to me by	
the receipt of which I hereby acknowledge, do hereby as ben	eficial owner assign unto the said
cutors, Administrators and Assigns, the Policy of Assura to me by the Life Insurance Corporation of India, assuring t and numberedand bearing date t	he sum of Rupees day of
	ad all other moneys, benefits and
Dated atda	ay of19
WITNESS:	
Signature	
Luli Nama	nas i officeres
Designation	(Signature of Life Assured)

P.T.O.